

# Virginia Voluntary Protection Program (VPP) Application

## Application

Your Virginia Voluntary Protection Program (VPP) application must address each of the following items below. Use of the numbering below helps speed review of your application. Where existing policies, guidelines, forms, etc., describe your programs, you are encouraged to enclose them as appendices at the end of the application.

### A. General Information

#### 1. Company information:

Company Name:

Site Address:

Title manager name:

Site manager title:

Site VPP representative name and title:

VPP representative phone number:

#### 2. Parent corporation:

Corporation Name:

Corporate VPP representative name and title:

Phone number:

#### 3. Collective Bargaining Agent(s)

Agent(s):

Address:

Phone number(s):

#### 4. Employee Information:

Total number of employees that are:

Regular \_\_\_\_\_

Temporary \_\_\_\_\_

Contract \_\_\_\_\_

#### 5. Type of work performed and products produced at site:

#### 6. Standard Industrial Classification (SIC)

Site: \_\_\_\_\_

Contractors: \_\_\_\_\_

### 7. Injury and illness data

**Total Case Incident Rate (TCIR):** Your three-year average TCIR rate must be below the rate published by the Bureau of Labor Statistics for your SIC code for at least one of the three most recently published years. (N = the total of items H + I + J from the OSHA 300A.) (EH = Employee Hours)

Site employee rates:

20 \_\_\_\_ N \_\_\_\_ / EH \_\_\_\_ x 200,000 = \_\_\_\_

20 \_\_\_\_ N \_\_\_\_ / EH \_\_\_\_ x 200,000 = \_\_\_\_

20 \_\_\_\_ N \_\_\_\_ / EH \_\_\_\_ x 200,000 = \_\_\_\_

Total \_\_\_\_ / 3 = 3-year average = \_\_\_\_

Contractor employee rates:

20 \_\_\_\_ N \_\_\_\_ / EH \_\_\_\_ x 200,000 = \_\_\_\_

20 \_\_\_\_ N \_\_\_\_ / EH \_\_\_\_ x 200,000 = \_\_\_\_

20 \_\_\_\_ N \_\_\_\_ / EH \_\_\_\_ x 200,000 = \_\_\_\_

Total \_\_\_\_ / 3 = 3-year average = \_\_\_\_

**Days Away, Restricted or Transferred (DART) rate:** Your three-year average DART rate must be below the rate published by the Bureau of Labor Statistics for your SIC code for at least one of the three most recently published years. (N = the total of items H + I from the OSHA 300A.) (EH = Employee Hours)

20 \_\_\_\_ N \_\_\_\_ / EH \_\_\_\_ x 200,000 = \_\_\_\_

20 \_\_\_\_ N \_\_\_\_ / EH \_\_\_\_ x 200,000 = \_\_\_\_

20 \_\_\_\_ N \_\_\_\_ / EH \_\_\_\_ x 200,000 = \_\_\_\_

Total \_\_\_\_ / 3 = 3-year average = \_\_\_\_

Contractor employee rates:

20 \_\_\_\_ N \_\_\_\_ / EH \_\_\_\_ x 200,000 = \_\_\_\_

20 \_\_\_\_ N \_\_\_\_ / EH \_\_\_\_ x 200,000 = \_\_\_\_

20 \_\_\_\_ N \_\_\_\_ / EH \_\_\_\_ x 200,000 = \_\_\_\_

Total \_\_\_\_ / 3 = 3-year average = \_\_\_\_

## **B. Management Commitment and Employee Involvement**

### **1. Commitment:**

(a) Attach a copy of your site's established safety and health policy, goals and objectives.

(b) Section H contains a sample statement regarding management commitment to safety and health and to participation in a Voluntary Protection Program. Submission of such a statement is required for VVVP participation.

**2. Organization:** Provide a description of how the safety and health function fits into the overall management organization.

**3. Responsibility:** Describe how your company assigns line and staff safety and health responsibility and how authority is given to enable assigned responsibilities to be met.

**4. Accountability:** Describe the accountability system you use for line managers and supervisors. Appropriate examples may include job performance evaluations, etc. Explain how the system is documented.

**5. Resources:** Describe personnel, equipment and other resources devoted to your safety and health program.

**6. Planning:** Describe how planning for safety and health fits into your overall management planning process.

**7. Contract workers:** Describe your program for ensuring that all contract workers who do work at your site are provided the same safe and healthful working conditions and the same quality protection as your regular employees.

**8. Annual self-evaluation:** Refer to section G for annual safety and health program evaluation requirements.

**9. Employee involvement:** Refer to section F for requirements concerning employee involvement in your safety and health program.

**10. Employee notifications:** Describe the method(s) used to ensure that all employees, including new hires as they arrive, will be notified about participation in the VPP, their rights to register a complaint with VOSH, and their right to obtain self-inspection and accident investigation results.

**11. Site plan:** Attach a site map or general site layout.

## **C. Worksite Analysis**

**1. Pre-use analysis:** Explain how new equipment, materials, and processes are analyzed for potential hazards prior to use.

**2. Comprehensive surveys:** Indicate how you spot potential safety and health hazards at the site. Examples are industrial hygiene surveys, comprehensive safety reviews and/or project safety reviews at the time of design.

**3. Self-inspections:** Describe your worksite safety and health inspection procedures. Include information about inspection schedules and industrial hygiene sampling and monitoring. Indicate who performs inspections and how any necessary corrections are tracked. (You may attach sample forms and internal time frames for correction.) Where applicable to health hazards, summarize the testing and analysis procedures used and qualifications of personnel who conduct them.

**4. Job hazard analysis:** Relate how you review jobs, processes, and/or interaction of activities to determine safe work procedures. (Not to be confused with self-inspections.) Include procedures or guidance techniques used in conducting job hazard analysis.

**5. Employee notification of hazards:** Describe how employees notify management of conditions/practices that may be hazardous to safety or health.

**6. Accident Investigations:** Describe or attach any forms and procedures for conducting accident investigations.

**7. Pattern analysis:** Describe the system used to analyze illness and injury trends over time through review of injury/illness experience and hazards identified through inspections, employee reports, and accident investigations.

#### **D. Hazard Prevention and Control**

**1. Professional expertise:** Provide details concerning your use of the services of certified professionals.

**2. Hazard elimination and control**

**(a) Safety and health rules:** List your company's rules, and describe the disciplinary system you use for enforcing them.

**(b) Personal protective equipment:** Describe your company's rules regarding personal protective equipment requirements. If respirators are used, attach a copy of the written respirator program.

**3. Emergency preparedness:** Describe your company's emergency planning and preparedness program.

**4. Preventive maintenance:** Provide a summary and description of your procedures for preventive maintenance of your equipment.

**5. Hazard correction tracking:** Describe your system for initiating and tracking hazard correction in a timely manner.

**6. Occupational health program:** Describe both the onsite and offsite health services and availability of qualified health care professionals. Indicate the coverage provided by employees trained in first aid, CPR and other paramedical training. What training have these employees received? Are their certifications current? Provide a detailed description of how the site addresses specific programs such as hearing conservation, etc. Describe how your company uses the services of occupational health professionals, especially to design and implement a health surveillance and monitoring program for employees exposed to occupational health hazards.

**7. Process safety management:** If your

worksite is subject to the Process Safety Management Standard, describe your company's process safety management systems and assess the level of compliance against the standard's requirements.

#### **E. Safety and Health Training**

**1.** Describe formal and informal safety and health training programs for your employees. Include supervisors' training schedules and information on: hazard communication, personal protective equipment and handling of emergency situations.

**2.** Sample attendance lists and tracking methods, if any, may also be attached if desired.)

#### **F. Employee Involvement**

**1.** Describe the ways employees are involved in the safety and health program, providing specific information about decision processes that employees impact such as hazard assessment, hazard analysis, safety and health training or evaluation of the safety and health program.

**2.** If you have a safety and health committee, complete the following information where applicable:

**(a)** Date of committee inception

**(b)** Method of selecting employee members

**(c)** Name, job and length of service of each member

**(d)** Average length of service of employee members

**(e)** Description of committee meeting requirements

**(f)** Description of committee role

**(g)** Describe hazard recognition training procedures. If previously covered in Safety and Health Training, indicate Training.

**(h)** List safety and health information accessible to and used by the committee.

#### **G. Program Evaluation**

**1.** Provide a copy of your safety and health program review summary for the last three years. Assessments of the effectiveness of the areas listed in these application guidelines should be included.

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2. Describe your involvement within your community to assist other companies in providing knowledge and resources pertaining to both safety and health.

3. Include any other information you may consider crucial to the application.

### H. Statement of Commitment

**1. Union statement:** If your site is unionized, the authorized collective bargaining agent(s) must sign a statement to the effect that they either support the VPP application, or that they have no objection to the site's participation in VPP. The statement should be submitted with the application and must be on file before an onsite visit can be scheduled. Expressions of commitment for non-union employees are also required.

**2. Management statement:** Please read the following statement carefully and either place on company stationery and sign, or attach a letter which provides the same assurances in your words.

**3. We agree that:**

(a) All employees, including newly hired employees and contract employees when they reach the site, will have the VPP explained to them, including employee rights under the program and under the Occupational Safety and Health (OSH) Act.

(b) All hazards discovered through employee notification, self-inspection, VOSH onsite review, accident investigations, process hazard reviews, annual evaluations, or any other means or report, investigation or analysis will be corrected in a timely manner, with interim protection provided as necessary.

(c) If employees are given health and safety duties, we will ensure that those employees will be protected from discriminatory actions resulting from carrying out such duties, just as section 11(c) of the OSH Act protects employees for exercise of rights under the act.

(d) Employees will have access to the results of self-inspections and accident investigations upon request.

**4. We agree to provide the following information for VOSH review on site:**

(a) Written safety and health programs

(b) All documentation enumerated under III.J.4 of the current Federal Register Notice

(c) Any agreements between management and collective bargaining agent(s) concerning the functions of any joint labor-management safety and health committee and its organization and any other employee involvement in the safety and health program

(d) We will retain these records until VOSH communicates its decision regarding initial VPP participation. We will likewise retain comparable records for the period of VPP participation to be covered by each subsequent evaluation until VOSH communicates its decision regarding continued approval.

(e) We agree to make available for evaluation purposes any data necessary to evaluate the achievement of goals not listed above.

**5. We will provide to VOSH by February 15 of each year:**

(a) Our injury and illness incidence and lost and restricted workday case numbers and rates, hours worked, estimated average employment for the past full calendar year, and a copy of the most recent annual evaluation of the site's safety and health program

(b) Our combined injury and illness incidence and lost and restricted workday case numbers and rates, hours worked, and estimated average employment for all contractors' employees who worked at least 1000 hours in any one quarter on our site during the year.

**6.** We understand that we may withdraw our participation at any time or for any reason should we so desire.

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Signature

Manager of the applicant worksite (You may add the signatures of others as you wish)